

THE CONTENTS OF THIS SECTION ARE
THE HIGHEST QUALITY AVAILABLE

INITIAL mgm DATE 9/30/02

PAGE NUMBERING SEQUENCE IS INCONSISTENT

Appendix A

Example of Waste Profile Sheet Supplementing Waste Streams Contained in Table 3-1

WASTE IDENTIFICATION FORM

Waste: _____

Tracking ID: _____

Date Generated: _____

How Generated? (narrative) _____

Is it a CERCLA Waste? Yes No _____

Characteristics: _____

Applicable waste codes: _____

Storage Plan: _____

Disposal Plan: _____

Appendix B

ICDF Inspection Sample Checklist

(This sample checklist is produced for information purposes only. It is an example of a checklist that could be effectively used in waste storage area management under this plan.)

WEEKLY CONTAINER INSPECTION CHECKLIST

Registration Number: _____ SITE: _____

YES NO N/A

1. ___ ___ ___ Is there Waste in the area? IF "NO", the inspection is complete. Sign and date below.
2. ___ ___ ___ Is an up-to-date copy of the registration form posted at the area?
3. ___ ___ ___ Are "**NO SMOKING**" signs posted in the area if storing RCRA-defined Ignitable or Reactive waste?
4. ___ ___ ___ Are all waste containers labeled with the words "CERCLA WASTE"?
5. ___ ___ ___ Are all non-waste items stored in the area appropriately marked or labeled for identification?
6. ___ ___ ___ Is the housekeeping in the area adequate?
7. ___ ___ ___ Is there adequate aisle space for personnel and equipment to respond to emergencies and/or conduct inspections?
8. ___ ___ ___ Are all waste containers closed except when adding or removing waste?
9. ___ ___ ___ Is each waste container compatible with the waste stored in it?
10. ___ ___ ___ Are all wastes segregated within the area to maintain requirements for compatibility?
11. ___ ___ ___ Do quantities recorded in the log book equal quantities stored in the area?
12. ___ ___ ___ Is a current copy of Appendix L of the INEEL Emergency Plan/RCRA Contingency Plan available in the SSA?
13. ___ ___ ___ Are waste types and quantities in accordance with those specified in Appendix L of the INEEL Emergency Plan/RCRA Contingency Plan?
14. ___ ___ ___ Is the Emergency and Communications Equipment present as listed in Appendix L of the INEEL Emergency Plan/RCRA Contingency Plan?
15. ___ ___ ___ Are there, or have there been, any releases or spills in the area since the last inspection?
16. ___ ___ ___ If "Yes" to question 14, has the spill or release been reported to the Emergency Coordinator listed in Appendix L of the INEEL Emergency Plan/RCRA Contingency Plan?
17. ___ ___ ___ If "Yes" to question 14, has the spill or release been remediated and the spill and remediation documented on this checklist?

18. ____ ____ ____ Do containers storing liquids have secondary containment, or are they otherwise prevented from discharging to open drains through dikes or berms?
19. ____ ____ ____ Are all containers and/or PCB items in good condition with no signs of leakage or deterioration?
20. ____ ____ ____ Is PCB containment volume equal to 2 times the internal volume of the largest PCB article or PCB container, or 25% of the total internal volume of all PCB articles or containers, whichever is greater?
21. ____ ____ ____ Is the entrance to PCB storage marked with a large PCB M_L mark? (40 CFR 761.45)?
22. ____ ____ ____ Is each PCB item or container marked with a PCB M_L or M_S mark?
23. ____ ____ ____ Are items marked with an out-of-service date, or is there an inventory list indicating out-of-service dates for items stored within a container?
24. ____ ____ ____ For PCB wastes, are all out-of-service dates <9 months old, unless the PCB item is stored because of no treatment or disposal options for radioactive contamination?
25. ____ ____ ____ Have previously identified deficiencies undergone resolution? Indicate status on back of inspection form.

Additional Comments:

CERTIFICATION OF INSPECTION

I certify that all of the above applicable items have been inspected.

Date _____ Time _____

Name (print) _____ Inspector Signature _____

ICDF WEEKLY CONTAINER INSPECTION DEFICIENCY RESOLUTION TRACKING TABLE

For each “No” answer identified on the inspection checklist, note the item number and describe the nature of the deficiency in the table. Each week, indicate the status of previously identified deficiencies that have not yet been resolved.

Table B-1. Deficiency resolution tracking table.

Inspection Item Number	Date Identified	Description of Deficiency	Deficiency Resolution Status	Deficiency Resolution Documentation	Date & Initials of Inspector

This Checklist must be maintained at the facility for the current inspection year and five years hence.